



## **SPEECH GENERATING DEVICE**

Service Authorization: Yes  
CMN Required: [522](#)

### **DURABLE MEDICAL EQUIPMENT MANUAL**

COVERAGE AND LIMITATION  
CRITERIA/POLICIES

EFFECTIVE: MARCH 2007

REVISED: June 2017

### **SPEECH GENERATING DEVICE**

#### **Indications and limitations of coverage and medical appropriateness:**

Coverage allowed if ALL the following conditions are present:

- Prior to delivery of the speech generating device the member has had a formal evaluation of their cognitive and language abilities by a speech-language pathologist, and
- A severe expressive speech disability is present.

The professional services related to the communication systems, assessment, therapy, and follow-up monitoring services must be billed as speech-language therapy.

Limited to one every seven years.

#### **Documentation Requirements:**

- Prescribing physician/practitioner note within 60 days of SA requested start date. Must address the clinical need.
- A physician's prescription required showing referral for evaluation for speech generating device dated prior to speech evaluation
- CMN
- IEP
- Speech/language evaluation – no earlier than 6 months prior to submission
- Physician's statement or Therapists evaluation



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| <b>Date Revised</b> | <b>Revisions</b>  |
| June 2017           | Reviewed and Reformatted. Added clarification for documentation requirements. |
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